Author's response to reviews

Title: The role of health extension workers in improving utilization of maternal health services in rural areas in Ethiopia: a cross sectional study

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Version: 5 Date: 19 July 2012

Author's response to reviews: see over
Dear Editors,

On behalf of all authors, I would like to thank the referee for giving his time to review our manuscript for the second time and forward us constructive comments. All his comments are considered and included in our re-revised manuscript. However, we need to bring into your attention that one of his comments contradicts a comment given by referee 1 in the previous version of our manuscript. This comment is on doing odds ratio calculation for the comparison we made between findings our study and the EDHS 2005 (table 4). On the previous version of the manuscript, referee 1 suggested adding odds ratios for the comparison we made and we did accordingly in the revised version we submitted on April 22, 2012. However, referee 2 in his second review on the revised version expressed a different view. He said the previous table 4 with no odds ratio was more sensible. Hence we the authors discussed on the issue again and we thought the suggestion given by referee 2 is preferable. In this re-revised manuscript we used the table 4 which was in previous unrevised version of our manuscript with no odds ratio values. If you have any advice on this issue, you are most welcome. Attached herewith please find our reflections to the comments forwarded by referee 2 in his second review. Our reflections are written in italic.

Kind regards,

Araya Medhanyie
Reflections on comments given by referee 2

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The role of health extension workers in improving utilization of maternal health services in rural areas in Ethiopia: a cross sectional study

The paper has improved but some issues require still clarification.
Sample size calculation. The argument of the authors is incorrect: “We think the details of the sample size calculation are not of paramount importance given our study is a cross-sectional survey”. I advice the authors to include those details.
Revision: in this revised manuscript, we included the details of the sample size calculation we used (page 7, paragraph 1)
A sentence in the data collection, explaining that information on women utilization of maternal health services by type of health workers was collected, should be written in order to justify/understand Table 2.
Revision: In this revised manuscript, under the data collection section, we stated the fact that we collected information on women utilization of maternal health services by type of health workers. (Page 7, paragraph 3, lines 2&3)
Information on PNC is missing from the results section “Utilization of maternal health services”.
Revision: In this revised we included information on PNC in the results section “utilization of maternal health services” (see page 11, paragraph2, line 5&6)
The current Table 4 is, to my understanding, incorrect. You cannot conduct that type of analysis of two samples completely different. Previous Table 4 made much more sense.
Reflection: although this comment contradicts with a comment given by another reviewer on our previous version of the manuscript. We have preferred to accept your suggestion and revision in this manuscript is made accordingly.
Revision: In this revised manuscript, we used the previous table 4 with no odds ratio analysis (See page 12, paragraph 2) and table 4 (page 29).
Clarify if OR is Table 5 are crude or adjusted.
Revision – In this revised version we clarified the odds ratios are adjusted ones (see page 12, paragraph 3) and Table 5 (page 30).

The explanation to my question “To what extent the increase in HIV testing could be due to HEWs and to campaigns of the Tigray Health Bureau?” should be included in the discussion because to attribute an increase in HIV testing to the HEWs should be taken cautiously.
Revision – in this revised manuscript we included sentences that explain this concern on increase in HIV testing by HEWs and campaigns (See page 14 and 15, paragraph 2).

Limitations
For me the issue of constructing the index is not trivial. I do not mean it is a limitation but requires some consideration. You decided to divide your population in high or low utilization. You could have decided to divide in three obtaining other results. It seems (not sure) that you decided to include “ever used contraception” in your index instead of “current contraception”. This would lead to different results. Even the different indicators that were chosen condition the results. For instance, ever had a HIV test vs HIV test by HEW.
To remind the authors that recall bias can come not only from the outcomes. Women reported themselves to be or not a family model, to be involved or not in IGA.

*Revision: In this revised version, the concerns on the outcome index and issue of recall bias are addressed under the strength and limitation section of the manuscript (see page 18, paragraph 1).*